



Annual PARENT Volunteer registration 2018-2019

This form is to be used by any volunteer who will coach, assistant coach, train, manage or otherwise volunteer to help with Willowdale House League or Select programs.

Please complete as many fields as possible. No adult may be behind the bench or on the ice at Willowdale unless this form is completed and validated for Hockey Canada insurance. Once complete, we welcome all properly documented volunteers!

THANK YOU – It is only with your help that we can keep local programs running!

Name & Year of Birth of your child(ren) at the club: _____

Division you are offering to help? Tyke – Minor Novice – Novice – Atom – PW - Monday

Your details please (the person offering to help)

First and Last Name: _____

Postal code: _____

Phone # _____ E-mail _____

Birth date: _____ (MM/DD/YYYY) – sorry, this is for the insurance co!

Interested in:

(circle interest)	Coach (on the ice)	for: House – Select - Both
	Assistant Coach (on the ice)	for: House – Select - Both
	Assistant Coach (off the ice only)	for: House – Select - Both
	Manager (off the ice/general team help)	for: House – Select - Both

Coaching credentials (Yes/No is fine, we can get certificate numbers):

I have/do not have a coaching/trainer certificate: describe _____

I have completed RIS-Activity Leaders/SpeakOut course **	YES / NO
New I have completed OHF Gender Identity and Expression course **	YES / NO
Police check: I have a current VSS police check or it is on file from 2017**	YES / NO

**** Speak Out, Vulnerable Sector check and Gender programs** are now mandated by the OHF for all volunteers 14 years and older. IF YOU HAVE A POLICE CHECK, PLEASE ATTACH IT TO THIS FORM. If not, we will contact you to get it done.

Volunteer Signature and date _____

In signing this form I agree that **I will wear a helmet at all times** when I am on the ice in any capacity.

Club Official Signature and date _____

Registrar input _____

Police check on file _____